Healthcare providers cannot expect their payers and health plans to come calling with plans for end-to-end testing.

Some may be proactive and reach out to medical practices and hospitals. But don't waste any time for the Centers for Medicare and Medicaid Services (CMS) to call. In the **ICD-10 national provider call in April**, they made it clear there will be no end-to-end testing on their end.

If healthcare providers want to test transactions with their Medicare administrative contractor (MAC), they need to make those arrangements. "Other than that, there will not be end-to-end testing. CMS has already a vigorous testing plan in place to test our ability to handle a properly filled out claim from the front end to the back end. But we will not be testing claims from the providers."

According to the **CMS ICD-10 handbook for small and medium medical practices**, these are the objectives:

- "Establish trading partners testing portals"
- "Define and communicate transaction specification changes"
- "Determine the need for inbound and outbound transaction training"
- "Determine the need for a certification process for inbound transactions"
- "Determine the process for rejections and re-submissions related to invalid codes at the transaction level"
- "Determine if parallel testing systems need to be created to test external transactions"

CMS has some tips too:

- "Determine if the payer has educational programs and collaboration efforts to support providers through the transition"
- "Use the high-dollar, high-volume, high-risk scenarios that your practice has created to produce test claims"
- "Work with payers to develop test scenarios to conduct end-to-end testing, specifically identifying payment results"
- "Communicate coding practices and scenarios to payers to build better relationships throughout the testing and transition process"
- "Identify communication processes to identify and correct issues early with payers"